PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Che is especially important. Physicians: please write the causes of death clearly and legion. FOR BINDING MARGIN RESERVED

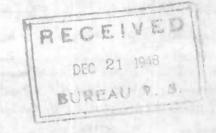
ASA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cily or town	State MARYLAND County WICOMICO		
How long in above place of death? Hospital, Institution, or street address where death occurred: PENINSULA GENERAL Itospital.	City or town. SALIS BURY MAKYLAND (If outside city or town limita, write RURAL and give nearest town) Streef No. (If rural, give LOCATION)		
How long in hospital or institution? 8 dnys	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE SINGLE OMFant	20. DATE OF DEATH DECEMBER 16 19.48 21 8 P.		
6, (b) Name of husband or wife	21. I CERUIFY that death occurred on the date above stated; that I alfended deceased from		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day	and shat I last saw h Anna alive on Pec. 16, 1948 19 DURATION		
9. Birthplace SALIS by Ky Wice on 1 Co MAKYLAND	Ţ.		
1D. Usual occupation	Due 10.		
11. Industry or business			
12. Name CLIFFORD AbboTT 13. Birthplace MARULAND	Dther conditions		
13. Birthplace MARYLAND	(Include pregnancy within 3 months of death)		
14. Maiden name 1416 d.A. VETKA	Major findings of operations.		
14. Maiden name 1+1kda VETKA 15. Birthplace MAKYLAND 16. Intermant CLITTORD AbboTT	Date of op.		
	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
Address SALISBURY, MARYLAND 17. BURIAL (Burial, creniation, or removal, Which?) Date thereof. 12-19-49 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory METhodisT CEMETERY	Where did Injury occur? (City or town) (County) (State)		
Location DEAL ISLAND, MARYLAND	Injured at home, farm, Industry, public place (where?)		
18. Funeral director WILSON FUNERAL HOME	Means of Injury Injured at work?		
Address PRINCESS ANNE, MARYLAN	of 23 SIGNATURE Stechner W Smith MD CK		
19 Doa 17 1948 Souise Thors ay (Date rec'd by registrar)	Address 545 N. Dwining . Salesly Date signed 12-18-4		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

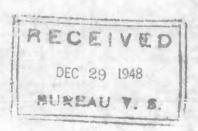
CERTIFICATE OF DEATH

Rev. Diat. No. 332

CLICITI	Reg. Diat. No.
1. PLACE OF DEATH: Micaneco	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	town) City or lawn
How long in above place of death? Hospital, Institution, or street address where death occurred:	Cily or lown
	Sireet No
How long in hospital or Institution?	veleran, name war
3. (a) FULL NAME Minnes Lee 1	adkin 3. (b) Social Security Number 216-10-5963
4. Sex 5. Color of race 6.(a) Single, married, widowed of divor	MEDICAL CERTIFICATION 20. DATE DF DEATH 12-22-48 19 at 7.4
24.1. 6.16.	20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: That I attended deceased from
6.(b) Name of husband or wife	1943 10 to day I alask
7. Birth date of deceased (mo., day, yr.) Clec. 24, 1873	and that I last saw hold alive on 12 22 - 4 6 1
8. AGE: Years Months Days 1 less than one day 28	Juyscartus Chr. 3 yo
9. Birthplace (Town, county, and state)	Nd - Due to
1D. Usual occupation	Due to.
11 Industry or business	1 Dilland Delland 18
12. Name Mullium 13. Birthplace Nel	Diher conditions fill in sellers of
	(Include pregnancy within 8 months of death) Major fiedies of operations.
14. Malden name 6 mm William 15. Birthplace Md.	Major nodices of operations. Date of op.
16. Informant Mass. Curbuy Davis	Autopsy results
Address Mulliman . Ma. 17 Burns Date thereof Lee 24,	1948 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (month) (day)	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
18 Funeral director M. Parka Water	Meens of Injury Injured at work?
Address Sullywille, Del,	Frank donors mil
Doe 27 1/8 Louis Stonglo	23. SIGNATURES WELLANDS M. D. or other Registrat Address Wellands M. D. at signed / 2:23:4

information carefully. The PLAINLY, WITH UNFADING INK. Supply every item of its especially important. Physicians: please write the causes KESERVED FOR BINDING MARGIN

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2411 N. Charles St., Baltimore

DURATION

CEDTIFICATE OF DEATH

	2411 N. Charles St., Baltimore	
	CERTIFICATE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)	OF DECEASED:
County Wicomico	(For newborn infants) give residence	of mother)
1 elia bien	State Municipal	County / Course
(If outside city or town limits, write RURAL	and give nearest town)	00 Pusa
low long in above place of death?	City or town (If outside city or town lim	nits, write RUBAL and give n
Hospital, Institution, or street address where death occurred:		
Cenerala General Hos	sital Street No	ive LOCATION)
How long in hospital or institution? 26 days		/
	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security
Bishan, Iva B.		
4. Sex 5. Color or race 6.(a) Single, marri	ied, widowed, or divorced MEDICAL	CERTIFICATION
1 0 0 0	0.	
Temale eol sing	20. DATE DF DEATH. December	114 19.48
a class was a large with a second or with	21. I CERTIFY that death occurred on the date	above etated; that I attended der
6.(b) Name of husband or wife	mrs. 16	
6.(c) tf all	ve, give age years and that I last saw h le alive on	lec. 14
7. Birth date of Set 19	30	
deceased (mo., day, years Months Bays It	less than one day	
S. AUE:	and pum	mary Eden
13 /2 4 20	hrsmip	16/1
Sound Will Mar	enter mol Kleumstie.	Xeart Ducia
9. Birthplace (Town, county, and state)	Due 10.	A Annua (m) A house first
Mala		2 July
10. Usual occupation	Bue to Chemist	6 30000
11. Industry or business	7 /	
# 12. Name // Militains Quest	hol Bither conditions	
E Juganila	Dillet Conditions	,
13. Birthplace	(Include pregnancy within	3 months of death)
14. Maiden name alla allita	This was	re
	Major findings of operations	
15. Birthplace	My /	Date of op
16. Informant Id Allons 12.30	hope Autopsy results now do	
	PHYSICIAN: Please underline the cause to	which death should be charge
Address Juny Hell My	22. VIOLENCE: If death was due to external	
17 Bungb , Date thereot.	XIA 17148	
(Buriai, cremation, or removal. Which?)	(month) (day (year) Accident, suicide, or homicide	
Cemetery or crematory Selbushinson	Where did Injury occur?(City or town	n) (County)
Cemetery or crematory	6 61	
Location I Malleliste	Injured at home, farm, Industry, public place	(where?)
Valla P. N	Meens of Injury	Injured at work?
1B. Funeral director	man f	0 . 0
Address Saula Nelle	met Ossal	10 . Into
WARRIESS STATES	23. SIGNATURE	A. O
Dog 15 15 188 Lavison	Strong Lylla & fl N M	· Ileanital
(Date rec'd by registrar)	Registrar Address Unsusull Ber	. Has sugar signer

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MARYLAND STATE DEPARTMENT OF HEALTH

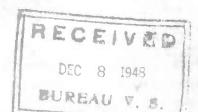
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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84 Dist. No. 339-

/ CERTITION	Reg. Diat. No.
1/ PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State. County County County County City or town (If oftside city or town limits, write RURAL and give nearest town)
Haspital, institution, or street address where death occurred: Herinaula Lenual Haspital	Street No
How long in hospital or institution? 2 days 5 hours, 25 hours	veteran, name war
Boznan Mr. Edward S.	3. (b) Social Security Number
4. Sex 5. Cold or race 6.(a) Single, married, widowed, or divorced Male White Backeloc	MEDICAL CERTIFICATION 20, DATE OF DEATH SEC. 5 1948 31 7 P.
6.(b) Name of husband or wife	21. I CEPTYY that death occurred on the date above statem that I stended deceased from
7. Birth date of deceased (mo., day, yr.) March 9, 1873	and that I last saw in alive on Alec. 5 18. 70
8. AGE: Years Months Days If less than one day 2	Cenebral Harmboses Stay
8. Birthplace J. J. Stephens Somene M. J. Jown, county, and state)	Our 10 Cerebral anteriosclevoric oneyer
10. Usual occupation Taymer farmer 11. Industry or business Fruck Farmer	Oue to.
12. Name Clour 1. Boys 1. 13. Birtholace Monde Spel.	Diher conditions Appearance Essential
14. Maiden name addine Walface 15. Birtholace Champ Mg.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mr. Debugh Bernery	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Princess Skring Met 17 Burial Date thereof Dec 2, 1948	22. VIOLENCE: If death was due to external causes, till in the following:
17. (Burial, cremation, or remained, Which?) Date thereof. D. (month) (day) (year) Cemetery or crematory. All Emile Camelling	Accident, suicide, or homicide
Location Ventory Md-	Injured at home, farm, Industry, public place (where?) Means of Injury Injury at work?
18. Funeral director Like Dune mid	Savid Filume M.D.
December 6 1948 Louise Strong Caulo	Address clastery to d. Date Street . 5, 199



2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Rev. Dist. No. 332

1. PLACE OF DEATH: Milomilo	2. USUAL RESIDENCE (HOME) OF DECEASED: (For proceedings of the process of the pro
County	State Man 1 County Victoria
(If outside city or town limits, write RURAL and give nearest town)	State County
	City or town
How long in above place of death?	City or town
Hospital, Institution, or street interess where doubt occurred:	Street No. 405. Baselay of.
400: Bullay 4.	(If rural, give LOCATIO)()
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Nicea H. Cample	
4. Sex 5. Color ograce 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemil White Miden	20. DATE OF DEATH. DeC. 12 19.48 21/0 PM
T Place P. Carrie Lell	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from
/6.(b) Name of husband or with	7 1 1/5 00 1 1/9
1 Dead	19 19 to Dec 19 40
7. Birth date of R	and that I last saw h C. T. alive on
7. Birth date of deceased (mo., day, yr.) 60 - 1862	
8. AGE: Years Months Days tiless than one day	
	Laspine James
86, 33min.	
susen Court Velanace	and Carrier and Golden
9. Birthplace	Due to
Kima Lafa	
10. Usuat occupation.	Due to.
11. Industry or bysiness at It ime	
« Karre Wille	
量 12. Name	Other conditions
3 13. Birtholece / lursy Co. Del,	
w man Dans	(Include pregnancy within 8 months of death)
14. Maiden name Mary Parone	Major findings of operations
14. Maiden name	
2) / S. Birinpiaces OCOCO A A A A A A A A A A A A A A A A A	Date of op.
16. Informant Ward To Campetter	Autopsy results
104 alvin are . Saluting Mid	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address and the first the	22. VIOLENCE: tt death was due to externat causes, fill in the following:
17 Bung Date thereof Del. 4-48	
(Burial, cremation, or run (yel, Which?)	Accident, suicide, or homicide
Cemetery or Grematity	Where did injury occur?
Cemetery of Fremany	
Location Lature Mag.	Injured at home, farm, industry, public place (where?)
That world Walle I Hollower	Mgans of trijury Injured at work?
18. Fuperal director	1001
Jelillo me	0 0 HKX+
Address fruity file.	23. SIGNATURE TO THE STATE OF T
Dog 3 / 119 Prince Translation	M. D. or other
(Date rec'd by registrar)	Address Date signed 12-5-78

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WINT WEADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATHY	2. USUAI. RESIDENCE (HOME) OF DECEASED:
County	State Md. p. p. pounty Mc Comics
(If outside city or town limits, write RURAL and give nearest town)	City or town Saluting)
How long in above place of death?	(If outside city or town limits) write BORAL and give rearest town
Hospital, Institution, or street address where death occurred	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
. Lida K. Clark	3. (0) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale Marie	2D. DATE OF DEATH DEC. 1998 31 476
David J. Clark	21. I CERTIFY that death occurred on the date above etated; that t attended deceased from
B,(b) Name of husband completed	Mov. 17th: 1948 10 Dec 1, 1948
7. Birth date of 1 2 - 750	and that I lact saw h. C.V. alive on
deceased (mo., day, yr.) The all the book of the second of	Immediate cause of death
8. AGE: Years Months Days If less than one day	Colored tementage
Pomilbille Md.	
9. Birthplace	Due to arteresse and
10. Usual occupation Home lings	Jeffulio home.
11. Industry or business at 24 mm	Due to
	Dither conditions
12. Name Charles Collins 13. Birthplace Powellille md.	
	(taclude pregnancy within 3 months of death)
14. Maiden namendy Elizabeth Jenns 15. Birthplace P Hullille Med	Major findings of aperations
∑ 15. Birthplace	Date of op.
18. Informan	Autopsy results
Address 068. F. Church it Saluting ma	22. VIOLENCE: If death was due to external causes, till in the following:
17 Buriel Date thereof Sec 3/19 48	Accident, suicide, or homicide
(Burial, cremation, or emoval, Which?) (month) (day) (year)	W. 2441
Cemetery or Canaday	
Location fullisting full.	Injured at home, farm, Industry, public place (where?)
18. Pureral director y	Means of Injury Injured at work?
Address Saluly my	V Q +4-1 - DA-D
Dog 3 /48 Chinateralana	23. SIGNATURE M. Derother
(Date rec'd by registrar)	Address £38 Cameletty Date signed 12 1.148.

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BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly an

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Dist. No.333

County	State County City or town
3. (a) FULL NAME	3. (b) Social Security Number
Robert Lee Contet	t. 5 e.
4. Sex 5. Color or Ace 6.(a) Single, married, wildowed, or divorced Make White Development	MEDICAL CERTIFICATION 20, DATE DE DEATH. DEC. 11 19 18 17 30 a.m.
6.(b) Name of husband or wife	21. I CERCIFY that death occurred on the date shove stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 30 - 1948	and that I last saw halive on
8. AGE: Years Months Days If less than one day	asphyration
9. Birthplace Ph. Hospit Salukey Mcf. (Town, county, and atate)	Due to Inhaled muceus after romating)
10. Usual occupation.	
11. Industry or busines Industry	Due to
E 12. Name Deal Deal World	Dither conditions Common Cold
13. Birthoffde May Ellen Darty	(Include pregnancy within 3 months of death)
14. Majden name Mary Eller Carty 15. Stringsoce Fryt Labels, Med	Major fiedings of operations
16. Informant. Janua a. Backy &.	Autopsy results
17. Burial, eremation, or reporal, Which?) Date thereof	ACCIDENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or Cemetery Assort Cemeter	Where did injury occur?
Location Market	Injured at home, farm, industry, public place (where?)
16. Funeral director.	Injured at work?
Addition allery Maryland	23. SIGHATUME JEANK LENGE MAN M. D. or other
19 Doelmer 13 10 450 Louis Trong auls)	Address Jay 1 parts M. D. or other Address Jay 1 parts M. D. Date signed 1.2:11-48

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BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No. 332

1	CERTIFICAT	E OF DEATH Reg. Diat. No.		
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	County	State County County County County County County County County or town County Co		
	Sospilai, Institution, or street address where death occurred:	Street No. Morel — Near Melron Mel		
	How long in hospital or institution?	2.(a) It veteran, name war		
	3. (a) FULL NAME	3. (b) Social Security Number		
	4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION		
	male Colored	20. DATE OF DEATH. 12 -3 / 19 48 21 -3 -4 -1		
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended decodes from 19		
	7. Birth date of deceased (mo., day, yr.) November 8,1948	and that I last saw h alive the same of death. Immediate cause of death. DURATION		
	8. AGE: Years Months Days II less than one day 23	Sussemented Bronchopnenning 12 lans		
	9. Birthpiace (Town, Jounty, and state)	Oue to.		
	10. Usual occupation	Oue to		
	12. Namedaniel James Alashild	Other conditions		
	13. Birthplace Chairil Allaware 14. Maiden name & Thek Maxie Sawitt 15. Birthplace Sawel, Allaware	(Include pregnancy within 3 months of death)		
	15. Birthplace Lawrel, Alelaware	Major findings of operations.		
	16. Interment Father	Actopsy resolts. As above		
	Address P.O. address = Mardela, md-	PHYSICIAN: Please uoderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
	17. (Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide		
	Cemetery and company Mardela Complete	Where did Injury occur?		
	Location			
>	18 Euneral director Nove (Factor)	Means of Injury Injured at work? Injured at work?		
1	19 Dec. 31 1948 Louisestrong Taylo	23. SIGNATURE Medical M. D. or other		
	(Date rec'd by registrar)	Address Juliabury Med Date signed 12/3/19		

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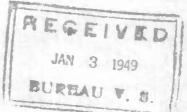
INK. Supply every item of information careful cians: please write the causes of death clearly an

correct age

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Supply every item of information carelease write the causes of death clearly

WITH UNFADING INK. important. Physicians: pl

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECESSED: (County) Miller and County Miller and Miller and Miller and Miller and Miller and Miller and County		reg, Ditt. (10.
City or form. It considerately or town limits write BURAL and give nearest town) Bospila, institution, or street, address where feath occurred: It is considerately or town limits write BURAL and give nearest town) Bospila, institution, or street, address where feath occurred: It outside extry or town limits write BURAL and give nearest town) Bospila, institution, or street, address where feath occurred: It outside extry or town limits write BURAL and give nearest town) Bospila, institution, or street, address where feath occurred: It outside extry or town limits write BURAL and give nearest town) British date of the street of th	110 . 0 0 0	(For newborn Infants give residence of mother)
Sirest No. 1.5 Sirest No.	(If outside city or town limits, write RURAL and give nearest town)	City or town Releasing and
3. (a) FULL NAME 4. Sex 5. Color or race 6. (b) Name of busband or wife 7. Birth dale of deceased (mo. dar. yr.) 7. Birth dale of deceased (mo. dar. yr.) 8. AGE: Tears Months 8. Days 19 tess than one day 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Birthplace 19. Birthplace 19. Birthplace 10. Usual occupation 10. Usual occupation 11. Industry or business 11. Maiden name 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Birthplace	Hospilal, Institution, or street address where feath occurred:	
4. See 5. Color or race 6. (a) Single, married, widowed of divorced 8. (b) Name of husband or wife 8. (c) Haire, give age 9. Sirish date of deceased (mo., day, yr.) 8. AGE: Very Months 9. Birishplace of Allandery, and stake) 10. Usual occupation. 11. Industry or business 11. Sirishplace of Allandery, and stake) 12. Name of husband or wife 13. Birishplace of Allandery, and stake) 14. Maiden name of Allandery, and stake) 15. Birishplace of Allandery, and stake) 16. Informant of Sirishplace of Allandery, and stake) 17. Birishplace of Allandery, and stake) 18. Informant of Sirishplace of Allandery, and stake) 19. Sirishplace of Allandery, and stake) 10. Usual occupation. 10. Usual occupation. 11. Industry or business 11. Sirishplace of Allandery, and stake) 12. Name of the death occurred on the date affects that I strended despaced from the deceased (mo. of the state of of th		2.(a) If veleran, name war
20. DATE OF DEATH 18 27	wesley See Dixon	3. (b) Social Security Number
7. Birth date of deceased (m., day, yr.) 8. AGE: Vears Months Days If less than one day 9. Birthplace Address Months Days If less than one day 10. Usual occupation That I last saw h alive on Duration Major findings of operations. Due to Dither conditions 11. Industry or business 12. Name of nursant of death of the chance of death and the chance of death of the chance of operations. Dither conditions 14. Maiden name of the chance of death about the chance to which death should be charged statistically. 25. Violence: If death was due to external causes, fill in the following: Address Address Address	4. Sex 5. Color or race S. (a) Single, married, widowed, or divorced	11 11 1100 12 -6-18
1. Birthplace Months Days 15 less than one day 1. Immediate can be death 1	na na	12-4-48 19 10/2-6-40V
Due to. 10. Usual occupation. 11. Industry or business 12. Name	7. Birth dale of deceased (mo., day, yr.) File 8 1948	and that I last saw halive on
10. Usual occupation. 11. Industry or business 22	O A A Windows	Due to
Dither conditions 12. Name	(19wh, county, and stave)	
14. Malden name 3.00 Major findings of operations Majo		Dither conditions
15. Birthplace 16. Informant 15. Birthplace Address 16. Informant 15. Birthplace Address 17. Burial, cremation, or removal. White? Cemetery or camatory 16. County 16. County 16. County 16. Injured at home, farm, industry, public place (where?) Means of Injury 16. Injured at work?	7710//01	
Address Dalace Which death should be charged statistically. 17. (Burial, cremation, or removal, While?) Cemetery or compatory Location Location Location Location Address Address PHYSICIAN: Please underline the chase to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	\$ 15. Birthplace New Yark leily, n.y.	
Cemetery or compatory Att Males (month) (day) (year) Location (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Address	X A Marian	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Location Vs. Carellance (Special Control of the Con	(Burial, cremation, or removal, White?) (month) (day) (year)	
Address Salesleure md. Q. Hearin M.	is the	Injured at home, farm, Industry, public place (where?)
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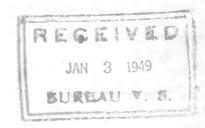
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	(- 10)
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Witnesses	State Wangland County Wikomuse
City or town. (If outside city or town Amits, write RURAL and give nearest town)	
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, instilution, or street address where dealy occurred:	Street No. 5 Line Will Road-
Shing Hell Wad	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edithe Way Elsey	
4. Sex 5. Color or race 6. (a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Thurse White Widow	20. DATE OF DEATH A 4 30 148 215130
6.(b) Name of husband or wife. Ina 5. Shell	21. I CERTIFY that death occurred on the date above stated; that I strended deceased from
6.(c) It alive, give age years	June 18.4 10. 10. 10.
7. Birth date of	and that I last Saw h
Acceptance (many control of the cont	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one daymin.	Cerebry Harry E
Salislary Georgies Ul-	Due to
(Town, edunty, and state)	
10. Usual occupation.	Que to
11. Industry or business	A STATE OF THE STA
= 12. Name I Da Mague	Other conditions
12. Name Ina Nague 13. Birthplace Sale Saury 110 -	
# 14. Maiden name Way Telan Weare	(Include pregnancy within 3 months of death)
E 14. maiden name	Major findings of operations.
\$ 15. Birthplace & aliabring, led-	Date of op.
16. Informant Us - terry Sleen -	Autopsy results
Address Saladrica Colo	
	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Date thereof	Accident, suicide, or homicide
Cemetery or crematory. Paragram	Where did injury occur?
Location Salishing led	Injured at home, farm, Industry, pub ^{it} e place (where?)
I come that in a holy some co-	Means of Injury Injured at work?
18. Funeral directives and the state of the	4/- R Mann
Address Salvatrus III	23. SIGNATURE. M. D. or other
II I A . A . I I A . A . A . I I A . A .	11 - 11 - 11



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(If outside city or town limits, write RURAL and give nearest town)

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECLASED a City or town.

(County)

injured at work?

.... Date signed /... 1

How fong in hospital or institution?. 2.(a) If veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) 8. AGE: (Include pregnancy within 3 months of death) Major fiediers of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. VIOLENCE: If death was due to exfernal causes, fill in the following: Date thereof... Accident, sulcide, or homicide.....

Where did injury occur?

Meens of injury

(City or town)

Injured at home, farm, industry, public place (where?)

WRITE

(Date rec'd by registrar)

MEAN THE COMMENT OF THE PROPERTY IN STREET

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MUREAU V. S.

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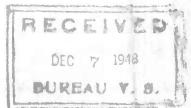
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) county Musoner (If outside city or town timity, write RURAL and give nearest town) (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION 6.(b) Name of husband or wife...... . 6. (c) If alive, give age 7. Birth date of August 17,1948 deceased (mo., day, yr.) DURATION If less than one day 8. AGE: Salisbury - Wicomico (Yown, county, and state) 1D. Usual occupation... 11. industry or business hin woode Gravenon sville le pregnancy within 3 months of death) 14. Maiden name Fill town purg PHYSICIAN: Please underline the cause to which death should he charged statistically. Cross St. - Salisbury Address 209 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) 12-5 - 48 Date thereot.. Accident, suicide, or homicide..... (month) (day) (year) Cemetary Where did injury occur? Cemetery or crematory MINE (City or town) (County) White ville. injured at home, farm, industry, public place (where?) injured at work? Meens of Injury

23. SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

Reg. Diat. No. 339

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn_infants give residence of mother)
County	mil Illian in an
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town tipits, writs RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No.
about) y.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hammond, Celen	
4. Sex 5. Color or race 6.(a)Single, mafried, widowed, or divorced	MEDICAL CERTIFICATION
Lemole Cel Wisdowel	20. DATE OF DEATH Nee 30 19.48 st 6 A M
8.(b) Name of husband or wife unknown	2f. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	12-15 1849, to 12-30 1849
7. Birth date of	and that I last eaw h. A.A. alive on 12-30
deceased (mo., day, yr.) 1867	Immediate cause of death
8. AGE: Years Months Bays If less than one day	Us Torio Schooling
81 yrs	Heart Disease.
9. Birthpiece new ork my	Due to.
(Town, county, and state)	
10. Usual occupation	Due to
f1. Industry or business	
# f2. Name lenknow	Other conditions
13. Birthplace	
14, Malden name	(Include pregnancy within 3 months of death)
15, Birthplace	Major findings of operations.
madiline nutter	Bate of op.
10. tatormant	Autopsy results
Address Jalisbury Mo.	
17 Durial Date thereof Jan 3, 1949	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location new orks TV	Injured at home, farm, Industry, public place (where?)
18. Funeral director Booker Til West	Means of Injury Injured at work?
6 0.1	GVI
Address Sales brung, Trio	23. SIGNATURE A PLUMBLE
19 Dae 3 19 48 Soluse Word Registrar	Address 800 W man of Salesbype stoned 121/31/48.

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RHVEAU T. J.

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MARYLAND STATE DEPARTMENT OF HEALTH

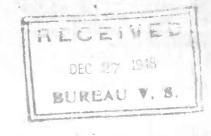
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Cou
Hospital Institution, or street address where death occurred: **Penunsular Seneral Hospital How long In hospital or Institution? Edays 19 Aug 5 mens	Street No
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Cold or race Ma) Single matried, widowed, or divorced Widowed.	MEDICAL CERTIFICATION
6,(b) Name of husband or wife amound a Halland 6.(c) If allve, give age dead year	2D. DATE DF DEATH. Allectical 21. 18. 18. 18. 21. 3. 21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) May 18 3	and that I last saw h. Lang alive on
9. Birthplace (Town, county, and state)	
10. Usual occupation. Prince Mag Carming.	Due to.
12. Name Horizon the Marid, S	Other conditions
14. Maiden name ellen Spense 15. Birthplace Stock Ton mid	Major findings of operations
Address Girdlethan marchall	Autopsy results
Burial, cremation, or removal, Which?) Bate thereof. Sec. 24 (948) (Burial, cremation, or removal, Which?) Lame of Parishtile Benefic	Acadent, suicide, or homicide
Location Stockton MA	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Masans of Injury Injured at work?
18. Funeral director of the Sanner	22 SIGNATURE William B. Jong In. D
19. Dac 22 19.48 Source trong auto	Address Salisbury M. Date signed 12/3

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12938 Rev Diet No 339—

	Reg. Dist. No.
1. PLACE OF DEATHY Comico	2. USUAI. RESIDENCE (HOME) OF DECEASED: 4 (For response intents give residence of mother)
City or lown (If outside city of town limits, write RURAL and give nearest town)	State County / Communication County / County
How long in above place of death? Mospital, institution, or street address where death occurred:	Streel No. (If routside city or toyfi limits fortice dURAL and give nearest town) (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Harry Dell H	3. (b) Social Security Number
4. So Male 5. Odor or rice Marie, married, widowed, or divorces Male Marie	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name of weekend or wite Works B. Hullrek	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 8irth date of deceased (mo., day, yr.) DLC, 27-1883	and that I last saw harace alive on 19 19 19 19 19
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
65 7 min.	
9. Sirthplace (Town, county, and state)	Elverio salviste leser disease
10. Usual occupation	Oue to
12. Namellander D. Hullrek	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarch adelle Josus 95 15. Birthplace nur Itahyshire	Major findings of operations.
16 letomas Mu. nola B. Hurlock	Mitopsy results
Address 607. S. Dirician of . Laberty Me	HYSICIAN: Please underline the cause to which death should be charged statistically.
17. Buriel (Burial, cremation, or removal Which?) Bate theroof Ose . 7+1948 (month) (day) (year)	2. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or femalor, Vicenus Mesa, Jack	Where did Injury occur? (City or town) (County) (State)
Location Labely Maryland,	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Mags of Injury Injured at work?
Address Addres	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 12/4/49

II Table South Target 15 Attack to the

Hart Complete Complete

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PLEASE WRITE PLAINLY, WITH CKFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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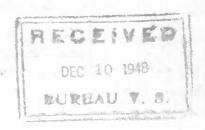
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

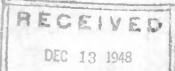
CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECLASED:
County. Allagilled	Ma Milmico
Cily or town	StateCounty
	Cily or town
How long in above place of death?	(If outside city or town limits, write KOKAL and give nearest town)
Jenusselle Sincerel Vagatal	Street No.
	(If rural, give LOCATION)
How long In hospital or institution? The July 20 Kins	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
a la lames	alfred Jaman)
6. Sex 5. Color or race 6.(a) Single, married, wholed, or divorced	Company or a service of the service
4. Sex 5. Color or race 6.(a) Single, married who wed, or divorced	MEDICAL CERTIFICATION
Make Thite Marie	20. DATE OF DEATH Alexander 6 19 48 at 10 AM
Paris Ella Gamer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
S.(c) If alive, pryz age yea	12-6-4 19 10 19
7. Birth date of 1 1 1 1 5 G A	and that I last saw h
deceased (mo., day, yr.)	Immediate case of death DURATION
8. AGE: Years Months Days If less than one day	(mystice Next-Jahn 23 mm
58 3 3hrsmi	n.
Museux G Del:	
9. Birthplace	Due to
1D. Usual occupation.	
1D. Usual occupation.	Due to
11. Industry or pusiness	
12 Name Villar / Henry Jaims	Other conditions
12. Name 12.	
a classification of the second	(Include pregnancy within 3 months of death)
14. Malden nam	Major findings of operations.
E 15 Rirthplace Alexand Co. Net.	
Mr. family the James	
16. Information	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Freuttand Mad	
Busial. Del 8-19	GA. COLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or reputal, White (Burial, cremation, or reputal)	Accident suicide, or homicide
1 / Picomic Min 1	did Injury occur? (City or town) (County) (State)
Cemetery or semetory	
Location	Injured at home, farm, industry, public place (where?)
Thelenson too / Velle R. b	Injured at work?
18 Tural director	1 7 47
south my	- m confider The haurs me
Dog laid is City	23. SIGNATURE M. D. or other
Date ree'd by registrar)	Address The III and ma - Date signed 12-7-48
(Date 12c d by regimenar)	The state of the s



1	E LA DOLTIN	es St., Baltimore
1	FICM # G118 - 7-4-49 CERTIFICAT	TE OF DEATH Reg. Diat. No. 332
	1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	City or town (1f outside city or town jumits, write RURAL and give nearest town)	State 2nd County Dicances
	How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
	Jemmsula General Hospital	(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	4. Sex 5. Color or Mice 6.(4) Single, married, widowed, or divorced	WEDLOW CERTIFICATION
	Limale e Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 7 3 2 1 7 3
	6.(b) Name of husband or wife milton follows of alive, give age dood years 7. Birth date of	21. I RARTIFY that death occurred by the date above stated; that attended declared from the certain and that I last saw hold alive on where the certain attended declared from the certain atte
	1. 1. 1. 1. 1. 1. 1. 1.	Immediate cause of death Tulune DURATION
	9. Birthpiace Ahaleyville, Licones, md 10. Usual occupation Atoleyers	Due to (Bilstersl) (43/49)S. Due to
	11. Industry or business	
	12. Name George Farlow 13. Birthplace Whalewille, ma	Other conditions
	14. Maiden name Laure Ocersons 15. Birthplace Oarsonstrug, ma-	(Include pregnancy within 3 months of death) Major findings of operations
	15. Birthplace Parsonstrug, m. 2.	Date of op.
	16. Informant) Katharine young	Autopsy results
	Address 608 13 voth St. Delestring 17. Burial Date thereof 12/12/480	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	17	Where did injury occur?
	Location Salisbury, md.	Injured at home, farm, industry, public place (where?)
)	18. Fungal director	Means of Injury Injured at work?
/	shally they	23. SIGNATURE M. D. hr gthe



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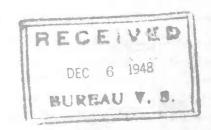


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edt 8	CERTIFICAT	TE OF DEATH Reg. Dist. No. 333
on carefully. The correlearly and egibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
information car of death clearly	2 (a) FILL NAME	BERT NOEL 3. (b) Social Security Number
of infe	4. Sex 5. Color or race. 6.(a) Single, married, widowed, or divorced-	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 19 48 at 12:378
ery item the cau	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
. Supply every item of please write the causes	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
NG INK sicians:	8. Birthplace Dalisation (Town) county, and state) 10. Usual occupation	Due to
ant. Phy	12. Name Down, Joseph 13. Birthplace Brown, Joseph	Other conditions
WITH LAN	14. Maiden name Setter, narry mater 15. Birthplace Dangy, Ill.	Major findings of operations
NLY, ecially	Address Princes Come, md	Antopsy results
E PLAINLY, vis especially	17. Character of removal Which?) Date thereof (month) (day) (year) Comptensor crematory Comments Supposed Months.	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
EASE WRITE	Location & alaban, md: 18. Funeral director Cennaula General Hospital Address & alaban, md-	Injured at home, farm, Industry, public place (where?)
PLE	19. Dec. 9 19 48 Source Strong Taylo	Address Sale Description Date signed 12 1-48

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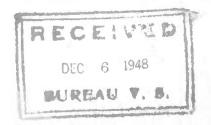
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2411 N. Char	EPARTMENT OF HEALTH clea St., Baltimore TE OF DEATH 12942 Reg. Diat. No. 339
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	MEDICAL CERTIFICATION 7.
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days it less than one day hrs. 2 mir 9. Birthplace	and that I last saw h jagaalive on
11. Industry or business 12. Name	Injured at home, larm, Industry, public place (where?)
18. Funeral director Personanda General Avolpitan	Means of Injury Injured at work?

23. SIGNATURE.

Address

Emirestrong Taylo



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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12943

	CERTIFICAT	E OF DEATH	Reg. Dist. No.
County. City or town limits, write RI How long in above place of death? Hoepital, institution or elreg address where teath occurred:	***************************************	2. USUAI. RESIDENCE (HOM (For residence of the construction of the	County McComils
3. (a) FULL NAME Hettie	Jones		3. (b) Social Security Number
Semula While Ma	, married, widowed, or divorced	MEDICA 2D, DATE DF DEATH. WLC.	L CERTIFICATION 8 430
8.(b) Name of husband or wife.) It alive kive according to		date above stated: that I ettended deceased from
deceased (mo., day, yr.)	If lese than one day	Immediate course of death	/ ~ 1
9. Birthplace	tate)	Due to	
11. Industry or business 12. Name 13. Birthplace 13. Birthplace 14. Industry or business 15. Industry or business 16. Industry or business 17. Industry or business 18. Industry or business 19. Industry or business 19	rillen . Md	Diher conditions	The Hyba keye
14. Maiden name. Princesta 15. Birthplace	= G. md	Major findings of uperations	
16. Morman of of John B. Address	Parism Hon		e to which death should be charged statistically.
17. (Burial, cremation, or remotal, Which?)	(month) (year)	22. VIOLENCE: If death wae due to extend Accident, suicide, or homicide	Date of
Location Sulin Man	Land,	Injured at home, farm, industry, public p	
Addrese Saliday	ma	23. SIGNATUNE	R Man
19. De Omilli 10. 19. 48. Cou	in Sking auch	Addrese Sulis ty	Date eigned

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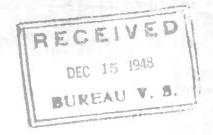
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12944

1. PLACE OF DEATH! County Leonies	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Please city Location)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Mary anna Jones	3. (b) Social Security Number
4. Sex 5. Color or race 6.(g) Shele, married, widowed, or divorced U Uldsevel	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Clug 8, 1868 8. AGE: Years Many's Days If less than one day	Immediate cause of death DURATION
9. Birtholace Salesbury, Alconie, ml	Due to Alexio Where But Bully 0
9. Birthplace	Due to
11. Industry or business 12. Name	Dther conditions
13. Birthplace H 14. Maiden name	(Include pregnancy within 3 months of death) Major findings ol operations
S 15. Birthplace	Date of op.
18. Informant Mass San Jones Address Salistand. Md	Autopsy results
17. Sworted Date thereof 12/14/ (Burial, eremation, or remotival, Which?) (Burial, eremation, or remotival, Which?)	22. VIOLENCE: If death was due fo external causes, fill in the following: Accidenf, suicide, or homicide
Cemetery or crematory Tettleton Divide flat Location Snaw Stell Rd, Salisher	Where did njury occur?
18. Funeral director & Harl Hell & James Co	Msans of Injury Injured at work?
reference 13 19 48 Social Trong layer	23. SIGNATURE M. D. or other Address Date signed 2.1.2/48



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12945 Reg. Dist. No. 332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County	5-2- who II) waster
City or town	
How long in above place of death?	City or town
Hospital, institution, or street, address where death occurred:	Street No.
4/5 Davis Street	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edund Jandin	.0
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white windowed	2D, DATE OF DEATH. Lee 28 19 48 at 1 Pa M
Ida Dadina	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife	December 18 19.48 to Cleanter 28 19.48
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) foremore 11-18/6	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral Neuronhage 10 days
72 / // min.	
9. Birthplade Pelaboth Concernt Ma	Due to arteriles
10. Usual occupation	1
11. Industry or business Mason Jannery	Due to
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other conditions.
12. Name Collians de de de la	
4 Parl	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
15. Birthplace Virginia	Date of op.
16. Informant MN Q W Candon	Antopsy results
Address Wachapreague Va	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 -100 Non 20 1000	22. VIOLENCE: tt death was due to external causes, fill in the tollowing:
(Burial, cremation, or emoval, Which?)	Accident, suicide, or homicide
Cemetery or creminary Salem M. E. Cessellary	Where did injury occur? (City or town) (County) (State)
Daniel med	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director.	No. 1.0
Address Pacomone mol.	23. SIGNATURE M. D. or other
Dep. 30 .48 Louise Trong Taulo	M. D. or other
(Date rec'd by registrar)	Address Salisbury, md. Date signed / 2/28/48



1. PLACE OF DEATH:

How long in hospital or institution? 3. (a) FULL NAME

Years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

1D. Usuai occupation. 11. Industry or business 12. Name...

13. Birthplace

14. Maiden name.

(Burial, cremation, or reny

14. Maiden na 15. Birthplace

16. Informant

Address

How long in above place of death?.... Hospital, Institution, or street address where death occurred:

6.(a) Single, married, widowed, or divorced

If less than one day

Days

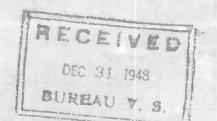
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn lnfants give feeldence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Immediate cause of death (Include pregnancy within 3 months of death) Major findiogs of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically, 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury tnlured at work?

information carefully. To death clearly and legiof causes every if K. Supply eve ADING INK Physicians: UNE important. WITH PLAINLY, is especially

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2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

og. Dist. No. 3357

	Reg. Dist. No.
1. PLACE OF DEATH: McComilo	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	War a lestones 5
City or fown (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside citt or town limits, write RURAL and give nesrest town)
Hospitan Institution, or shoot address where teath occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Willye a. Freser	
4. Sex 5. Color or raco S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale While Hedm	20. DATE OF DEATH DLC. 23 19 19 13. Q V M
1 allred H. Islan	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B,(b) Namo of husband or wife.	Sept 20, 1146 10 Dae 23, 1,48
7. Birth date of	and that t last saw h. = 1/ alive on Dec 23, 19 48.
deceased (mo., day, yr.) (LLC5 - 8 - 18)	Immediate cause of death DURATION A
8. AGE: Years Months Days If less than one day	Consider Hout Facture. 4 months
71. 4, 15	a Sugar
Merkling Mid	O War Gad Land
9. Birihplace	Due to Constitution of the
Iteme wy	
10. Usual occupation.	Que to
11. Industry or business	
12. Name / 12. Name / 13. Birthplace Hourton, 74.	Other conditions
13. Birthplace Houtbury Ma.	(Include pregnoncy within 3 months of death)
# 14. Malden name Emma Cherry	
14. Malden name Suma Culty 15. Birthplace Atraction md.	Major fiadiogs of operations
El 15. Birthplace	Date of op.
18. intermenter: Sulas Chagunan	Autopsy results
Address Freuttant med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. 10, 17-4	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof month) (doy) (year)	Accident, suicide, or homicide
Cemetery or a Comatory of Queon Gen.	Where did Inju: v occur?
Completely of Command of the Command	
Location Alexander (Control of the Control of the C	Injured at home, tarm, Industry, public place (where?)
18. Juneral offoctor John John John John John John John John	Mans of injury Injured at work?
Address talutus med	J-0 + 11 - M-D
0 22	23. SIGNATURE M. D. or other
(Bate rec'd by registrar) A Louislo Wong auto	Address 238 Camples Que / Dato signed 12-23-48

WITH UNFADING LAK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legisly. RESERVED FOR BINDING

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PLEASE WRITE

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2411 N. Charles St., Baltimore

12948

CERTIFICATE OF DEATH

	Rog. Dist. No.
1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Nor newborn infants give residence of mother)
County LLL STATE	Dallace Kernock
(If outside city or town limits, write RURAL and give nearest town)	State. County, County, City or town.
How tong in above place of death?	(If outside city of town limits, write MIRAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 30/ JAMY
Plansula General Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
mason, Mu Charles: 6	3. 94. *
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Sterember 23 19 4 8 21 22 2
5.(b) Name of husband or wife Busthan No Museal	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	19. 18. 19. 10 10 10 19. 18. 19. 18.
7. Birth date of	and that I last saw h / 17 alive on
deceased (mo., day, yr.)	Immediate saule of death DURATION
8. AGE: Years Months Days It less than one day	Kes pirating failing
hrs	1
9. Birthplace Pressure bunky a.	Due to Memory of Straight Just
T (Town, county, and atate)	
10. Usual occupation January	Due to
11. Industry or business	
E 12 Name Charles 13. mason Su.	Bther conditions Designations designations and the second
Al a a a a b 1/5.	Britis Collaborations
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
14. Malden name Mannis Milliance 15. Birthplace Occorrect Va	Date of op.
Ac. Track at 21 300 Ballotte	
16. Information	Antopsy results
Advess of O. C. William & Bales, M.C.	
17 Duris Bate thereot 24 1948	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or remova) Which? (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Edichtus Caras,	Where did injury occur?
Manager 1/6	Injured at home, tarm, Industry, public place (where?)
Location	Maans of injury Injured at work?
18. Funeral director developed Developed	meens of injury injured at work!
Address Planning VG	Robert & Dlan
0 9 51	23. SIGNATURE
19 Dec. 23 10 48 20 malottong laulo	Address Salisland Bate stane 12 -23-18
(Date rec'd by registrar)	Address Date signed

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Removed of Sold St. Residen A MASON Dec 24, 1879 SECTIVE DESIGNED VE. 26:20 3 13 James A. Mariner Myslense Ma Marion Line State Ville South State Mills Commence of the live loss alleganisms of

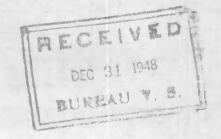
CERTIFICATE OF DEATH

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Reg.	Dist.	No. Dat

12949

	2411 N. Charles St., Baltimore
	CERTIFICATE OF DEATH Reg. Dist. No. 332
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
1 1 1 1	Mc Donell d, widowed, or divorced MEDICAL CERTIFICATION Owed 20. DATE OF DEATH Security 27 19 48 at 8 45-7
7. Birth date of	Of A CEDITEY that death accurant on the date above stated; that I stranged deceased from
8. AGE: Years Month Days If le	ss than one day hrs. min. Immediate cause of death DURATION 24 da
9. Birthplace (Town, county, and state) 10. Usual occupation	Due to
12. Name	Diher conditions (Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations. Date of op.
Address Caston 17. Burled (Burley cremation, or removal, Which?) Demelery or cremator (Caston Caston Cast	PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide
18. Funeral director Nan Isomand Address Pittsville	Wells Means of injury Injured at work? M. D. or other.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: 7	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newfigen interits give residence of mother).
County	MI MILLERALIAN
City or town (If outside city or town limits, write RURAL end give nearest town)	5 destud
How long in above place of death?	(If ontaide city or fown limits) write (URAL and give near at town)
Nospitat, institution, or street address what death occurred:	Street No. 127 Ma FAMAS De
127 Watt Schol 21,	(If rural, give to CATION)
How long in hospital or institution?	(a) If veterao, name war
3. (a) FULL NAME messich, fanwor	Zilden 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married; widowed, or offorced	MEDICAL CERTIFICATION
M. N Widowill,	20. DATE OF DEATH LICC 13 1948 at 6 P M
8.(b) Name of husband or wife Assess Messuch	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 Light	fight to the first
7. Birth date of	and that I last saw h
8. AGE: Years Mooths Days If less than one day	Immediate cause of death
72 - 3mio.	Researched 15
a. la Demensia mell	Corecrat Humany 13 min
9, Birthplace (Town, county, and state)	Oue to
10. Usual occupation Buch Marsh	A . I .
11. Industry or business , Castlactor	Oue to
12 Hame William Mesufh	Other conditions Work
13. Birthplace Filstein Man	
14. Maiden name flassietta / Japany	(Include pregnancy within 8 months of death)
14. Malden name 11. 15. Birthclace Fugullab 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	Major findings of operations.
NI. la Marish	Date of op.
16. Informant	Antopsy results
Address A P. A MILL SI - Dayshing Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory July Suin Communication	Where did injury occur?
Teldelin Mill al	Injured at home, farm, industry, public place (where?)
Location	Means of injury this work?
18. Funeral director	Jakadinester Ml
Address Flason Max	23. SIGNATURE Aleputy hedent France
Dec. 16 1948 Lavisothona Toula	23. Signature M. D. or other
(Data reg'd by registrar)	Address Pate signed & 24/13/49

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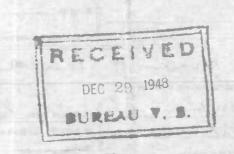
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12951

Reg. Diat. No. 330

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a) Single, married, widowad, or divorced Manuel	MEDICAL CERTIFICATION 20. DATE DE DEATH. 2 2 4 148 15 M
7. Birth date of deceased (me., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I strended deceased from le
8. AGE: Years Months Bays If less than one day 3 5 3	Immediate cause of death Color
11. Industry er business Engineering Guntaular 12. Name Jaly 13. Birthplace Helinger Mac.	Diher cenditions (Include pregnancy within 3 months of death)
14. Maiden name Mst. Old MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or hemicide. Where did injury occur? (City or town) (County) (State)
Location Superior Control of Superior Control	Injured at beme, farm, industry, public place (where?) Means of injury Injured al work?
19. /128/48 19 WHI States Registrar	23. SIGNATURE J. M. D. or other Address. Date signed 2 24/48



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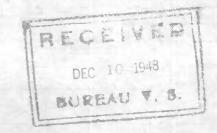
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12052 Reg. Diat. No. 339

1. PLACE OF DEATH: Possible County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new or) intarts give residence of mother)
The he MM/n	State County Mulanul
(If outside city or town limits, write RURAL and give nearest town)	1 Samon
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Moore, Les	3. (b) Social Security Number
4. Sex Wall Roll Sulfe Sulfe	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19. 4 - 9. M
6,(b) Name of buspand or wife	21. I CERTIFY that death occurred on the date above stated; that I alteoded deceased from
7. Birth date of	and that I last san policy on 19 19
deceased (mo., day, yr.) (MAKUMWW) ABT. 107	Immediate cause of death
8. AGE: Years Months Days It less than one day	el altera stra
41 (Julius)//hrsmln.	freunding John 3 well
9. Birthplace (Lown, cyunty, and state)	Due to
10. Usual occupation Talkfalls	Due to
11. Industry or business Steam Mill	DUE TV
12. Hame Manuel Magnet 13. Birthplace Wathfulling	Other conditions Characa alcoholism 3 4
13. Birthplace Management	(Include pregnancy within 3 months of death)
14. Malden name Allahaman 15. Birthplace	Major findings of operations.
15. Birthplace Willipflier	Date of op.
16. Informani Olifica III Maril	Autopsy results.
Address Address May	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bull Bate Mocot / 2/7/46	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removat, Which)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director And Adjust Miss. Malabel March	Means of Injury Injured at work?
Address Helman Mos	forancially wis
Deanland in Romania	23. SIGNATURE M. D. or other /
(Date rec'd by registrar) 19 48 Louis Mong lauks Registrar	Address Daliebry My Date signed 12/4/48



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2411 N. Charles St., Baltimore

PEDTICICATE OF DEAT

		222	
Reg.	Dist.	No.	

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: Meenic	2. USUAL RESIDENCE (HOME) OF DECLASED:
1 alex lan	State State
City or town	City or town Saluty A
How long in above place of death?	(If outside cityer town limits write #ORAL and give no rest town)
Hospitals institution, or etroet address where feath occurred:	Street No. 5/7. E. / Church 4.
511. E. Much 4.	(If rugal, the LOCATION)
How long in hospital or inetitution?	2.(a) It veleran name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lone Dans Peter	man
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	0 0 110 110 110 150-
771004	20. DATE OF DEATH OLE, 42 19 19 21 75 4
Wineles Elindet Pe	CELL CEATURY that death occurred on the date above elated: that I attended deceased from
8.(b) Name of husband or wife.	17.11 46 . 12 14 12
8.(c) tt aliye, give age 73 yea	ars and that I last saw h And alive on 2 12 14 5 11
7. Sirth date of day v.) 74v. 17-1900	
ucceased (mo., day, yi.,	Immediate cause of death
0. AUL: 11C1 1-7	I delan . I lead .
78 0hrsmi	in.
Blackeling 7a.	
9. Sirthplace	Uve 10
11/4	
10. Usuat occupation.	Due to
1t. Industry or Judiness 9 0	— [
12 Name Jehn J. Pellyman	Diher conditions
E Zucinia	Billet Collections
	(include pregnancy within 3 months of death)
14. Malden name Unnu Coffee 15. Birthplace 72,	
- /2a	Major findings of operations
∑ 15. Birthplace	Date of op.
18 mily, Muyey E. Feluman	Antofey results
517 6 /church it folita	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address . C. Comment of Jacobs	22. VIOLENCE: If death was due to esternal causes, fill to the following:
17 Bunel pate thereof Deg. 6-14	
(Burial, cremation, or removal, Which?) (month) (day) (year)	The state of the s
Cometer to sumatory Thungshy Cem :	Where did injury occur?
18D Pringress anne Ma	a tojured at home, farm, industry, public place (where?)
Location	
. Ithe owa do Malla K. Inless	Meane of Injury Injured at work?
16. cunera directos	ato ///
Adverthelity mayland.	- A as assure (the 18 - (Assertable M. VII)
D. 1/1 1- 8 1 21	23, SIGNATURE M. D. or other
10 Tocamasi o 1148 Jours Ollow o	Address Alle Joseph Mild Date signed 12/4/45
LDate red d by registrar)	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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12954

Reg. Diat. No. 333

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 11005100	(For newborn infants give residence of mether)
City or town Sali bury	State Maryland County Morcoster
(If outside city or town limits, write RURAL and give nearest town)	City or town Pacamaka (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh? Since Dec. 15, 1948 Hospital, institution, or street address where death occurred:	
Hospital, institution, or street address where dean occurred: Eastern Shore The Senctorium	Street No. Route #3
	(If rural, give LOCATION)
How long in hospital or institution? Since Dec. 15, 1948	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Phillips, Margaret Bell	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20, DATE DE DEATH Dec 16 19.48 21 3 2, N
8.(b) Name of husband or wife Harry Phillips	
	13 10 10 10 10 10 10 10 10 10 10 10 10 10
5. (c) If alive, give age. 46 yea	and that I last saw here alive on Dec 15 1948
deceased (mo., day, yr.) September 27, 1916	DUGATION
8. AGE: Years Months Days It less than one day	pulmonay Luberulus
32 2 19hrsmli	
Dina Didaa Coongia	years
9. Birthplace Blue Bidge, Georgia (Town, county, and state)	Due 10
16. Usual occupation Housewife	
16. Usual occupation.	Due to
11. Industry or business	
12. Name homes L. Petterson 13. Birthplace El Paso, Texas	Dther conditions
I 13. Birthplace El Paso, Texas	
	(Include pregnancy within 3 months of death)
14. Malden name Colorada Brown 15. Birthplace Blue Ridge, Georgie	Major findings of operations.
2 15. Birthplace Plue Ridge, Georgie	Date of op.
Sister of Tecessed	Autopay results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rt 13 Pocomoke, Au	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof Nec 19, 194	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or cremator Adula Odell Bafettet	Where did injury occur?
D	Injured at home Tarm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Alexand All alexander	1 1 1
Address Pocombotse City ma	Millender
The land of the land	23 SIGNATURE M. D. or other
19 Date roofd by registrar) 194 8 - 2 out of the No.	ar Address Sulvating man Date signed Mal 1619

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

120-339_ eg. Dist. No.

1. PLACE OF DEATH: County. W/Comico City or town. S. a. L. S. D. C. L. G. (If outside city or town) limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Now long in hospital or institution? 3. (a) FULL NAME PLACA and Mrs. Sadie PILCHH 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many County County City or town. State Russell and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war MEDICAL CERTIFICATION
Female white married	20. DATE OF DEATH December 3 1948 at 11:25 Pm
8. AGE: Years Months Days It less than one day 9. Birthplace	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
1D. Usual occupation	Due to
11. Industry or business 12. Name	Other conditions Productions throughouts (Include pregnancy within 3 months of death) Major findings of operations
16. Interment C. H. Felband (Son) Address However Mc	Antopsy results Per turn to Pulmonan throutous. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Cemetery or crambin. (month) (day) (year)	22. VIOLENCE: If death was due to external causea, till in the tollowing: Accident, suicide, or homicide
18. Funeral director H. a. Church, Va.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
1. Dec - 8 1.48 Course trong layer	23. SIGNATURE M. D. or other M. D. or other M. D. or other



1700

CERTIFICA	TE OF DEATH Reg. Dist. No. 332
1. PLACE OF DEATH: County W. C. M.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intends give residence of mother) State Cunty City or town (If outside city or to infinitely write RURAL and give nearest town) Street No. Control of the city of town (If rural, give LOCATION) 2.(a) the veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. an tornette Recevuto	
4. Sex 5. Color or race 6.(a) Single, Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. A Scennley 2 1948 21 8 45
6.(b) Name of husband or wite. Alleeased	21. I CERTIFY that death occurred on the date above stated: that Fallandad deceased from
	19 19 19
7. Birth date of deceased (mo., day, yr.) Plee 3. 1880	and that I last saw h
8. AGE: Years Months Days It less than one day	
9. Birthplace	Due to Caral Major
10. Usual occupation	Due to Acuto - Cillipean
12. Name Jurian	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
16. Interment Mrs. Mario Eurocatta	Autopsy sessits. PHYStCtAN: Please underline the cause to which death should he charged statistically.
Address Drosplyn N. 9	22. VIOLENCE: tf death was due to external causes, till in the tollowing:
(Burian, eremation, or removal, Whigh: (Burian, eremation, or removal, eremation, e	Accident, suicide, or hopicide.
Cemelery or crematory Constitution Williams Constitution Williams Constitution Williams Constitution Constitu	Where did injury occur? (State) (Soundary) (State) Injured at home, farm, industry, puttly place (where)
18. Funeral director. The feel of blues. G.	Means of Injured at work? No
Address (allahay) ma	23. SIGNATURAL: L. allozañon /W
19 Dog. 3 1948 Townseathonglaylo	Address Town World M. Date signed 1. 2/4

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WINTH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Top. Dist. 10
I. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty Wilgingto	State MARYLAND County WICEMICO
(If outside city or town mits, write RURAL and give nearest town)	
ong in above place of death?	City or town
ital, Institution, or street address where death occurred:	Street No.
mmould General Nospital long in hospital or institution? 21 ms.	(11 rural, give LOCATION)
(a) FULL NAME	3. (b) Social Security Number
mes. Danger Blockley.	3. (0) Social Security Number
Sex 5. Color or race (6.(a)Single, married, widowed, or diversed	MEDICAL CERTIFICATION
emple Write Widowed	20. DATE OF DEATH. Dec. 26 19.48 , 21 10 8
(b) Name of husband or wife arthur & Shockley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ars Justine Standing Confession 19
deceased (mo., day, yr.) December 19, 1774	Immediate cause of death DURATION
AGE: Years Months Days It tess than one day	Sprotten of Right Stife purchase
74mi	
Birthplace Vittaville Miconico Co Md. (Town, county, and state)	Due to
). Usual occupation 17 ouse surfa	
	Due to
1. Industry or business 12. Name Janes Tr. Wells	
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary & Wells 15. Birthplace Pictorille, md.	Major findings of operations.
	Date of op.
6. Interment Carlos Shockby	Autopsy results
Address Pittoville md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory Farlows Ametery	Where did Injury occur?
Location 2 miles north Pittpuille, Md-	Injured at home, farm, industry, public place (where?)
Funeral director VI Warned Market Willed	Means of Injury Yell Injured at work?
(D) TO 111. 12 - 1	
Address Allande Dan S	23. SIGNATURE. Character Section Described
Doc, 28 1.48 Louise Mong layl	Dalesbury Legy 12/14
(Date rec'd by registrar)	Address

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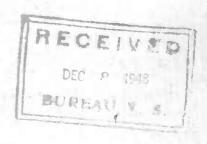
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

12958

	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or rac 6. (4) Single, married, widowed, or divorced Famela white Child	MEDICAL CERTIFICATION 20. DATE OF DEATH Mecencher 4 1948 21 10
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 Deceased 1948, to 4 Deceased 19
7. Birth date of deceased (mo., day, yr.) PW. 16-1941 8. AGE: Years Months Days 11 less than one day	and that I last saw h. 2 alive on 3 D.C.C. 19 Immediate coose of death 0 Delana 0 Delana 1 Delana
9. Birthplace P.S 7 frogst . Saluting M.	
tO. Usual occupation	Que to
11. Industry or business 12. Name William L. Smullen 13. Birthplacy Voi Cuter C. manyland	Other conditions Supplies Deptecture a person
13. Birthplace The Canada 15. Birthplace Canada	(Include pregnoncy within 3 months of death) Major fiedings of operations. Major fiedings of operations.
16. Intompt. atther f. Muller	A Jopsy resolts
Address 17. Quite Que thereot Que the	224 VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Miller Comptended of June 1980 Center Co. J. M.	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Fuller of G. Walter M. Holler	Means of Injury Injured at work?
19 December 6 19 98 Source Thomas Auto	23. SIGNATURE M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1860

12959 Pint. No. 332

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For aculorn i frants give residence of mother) State City or town (I) outside city or town limits, white RIMAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) th veteran, name war.
3. (a) FULL NAME Stanford, Mis Sarah. 4. Sex 5. Color or race 6. (a) Single, married, widowed, of divorced Female White Devoced	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH Decense 2 7 19 47 21 655 A M
8. (b) Name of husband on mile. William Stanford. 6. (c) Italive, give age	and that I lest salt to the last salt salt to the last salt salt salt to the last salt salt salt salt salt salt salt
9. Birthplace	Due to
12. Name	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op. Actops results. Actops Iresults. Autops Iresults.
Address & Addres	22. V+OLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. June directory of the factor of the fact	23. SIGNATURE Selection M. D. or other Address Solofon Date signed 12 144

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

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eg.	Diat.	No.		Q

CERTIFICAT	E OF DEATH Reg, Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
Hospital, institution, or street addless where death occurred:	Street No. 1.2. Delanagive LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Sease H. Stephen Ste	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a.a. Massed	2D. DATE OF DEATH Wec 16 1948 21/1:30 Pm
6,(b) Name of husband or wife MARALL Stubent	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h A Marvalive on
deceased (mo., day, yr.) ples 28 1864	Immediate cause of death CCCCL DURATION
8. AGE: Years Months Days If less than one day	Congestive heart
hrsmin.	Jalure
9. Birthplace	anterio Sclerotic Heart da
10. Usual occupation. O Defate les	Due to.
11. Industry or business A of the las allower	
12. Name of Livelies And Ann	Other conditions
a 13. Birthplace Qualification of the state	(include pregnancy within 3 months of death)
14. Maiden name Carter Stewart 15. Birthplace Grandicker	Major fiediogs of operations
∑ 15. Birthplace	Date of op.
16. Informant Margre Delwast	Actors results
Address Saliplury md	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Winch?) Date thereof. All 1948 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or crematory. Quantices and	Whera did Injury occur?
Commeter) of Clematory	Injured at home, farm, industry, public place (where?)
Location de Locati	Means of Injury Injured at work?
18. Funeral director	300 00
Address Saliabury, md,	23. SIGNATURE . C. Turnell M.D.
Deemler 10 1948 Journa Strong Laylon (Legistran	Address 800 W. M. St. Stray Med. Date signed 2/8/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

eg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Md. J J. Cognity Vicomics
	City or town
How long in above place of death?	PD # 3
RD.#3	Sireet Ho. (If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME Cheeter Jason Dil	3. (b) Social Security Number
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
D. 71 2'1	20. DATE OF DEATH
8.(b) Name of husband or wife Corollary Sugarisman	21. I CERTIFY that death occurred on the date above stated: that I gitended deceased from
A. (c) If stive, give age	ars 19 19 19 19
1. Birth date of deceased (mo., day, yr.) March 5-1909	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediata cause of death DURATION
39 9 18 hrs.	1 Dufforman diath
Ph. 43 1012 M	7
9. Birthplace	a. Due to
(Curenter V	
10. Usual occupation.	Oue to
11. Industry or business.	
12. Hame lych J. Salishy M. 13. Salishy M.	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name ala a Bentage	Major findings of operations work
15. Sirthotace Pmillille manylan	Chiajor hadiage of operations.
My Elist 9. Dilghonden	Aatopsy results
16. Informant RD 11 3 1 1 10-10 march 27	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address N. # 3 V salury / 1000	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide. Occasion Date of 12/23/48
Wilmile Mem. Park	Where did Injury occur? near Dalishy presones the
Cemetery or cramatory	(City or town) (County) (State)
Location Laurum 144	Injured at home, farm, industry, public place (where?)
18. Fullers director	Maon's of Injury of Assert Manager And Assert Manager
1. Il man land	Ja IR. de De De D
Address factory friends	23. SIGNATURE M. D. or other
10 Dec. 27 18 Yourseathana auto	2 1 1 2 mel out 12/24/8

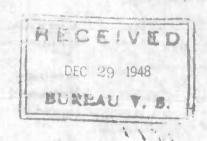
PLAINLY, WITH UNFADING LYK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

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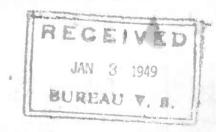
	Reg. Dist. No.	***********
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in this give residence of mother)	
County Wisomers	Mad /Vacamaca	
City or town	State County City or town	
How long in above place of death?	(If outside eity town limits, write RURAL and give nesrest t	own)
Hospital, Institution, or street address where death occurred:	Street No 2/3 Center V Mul	
Peninsula General Krapital	(If rursl, give LOCATION)	
A -14.		
Now long in hospital or institution?	2.(a) If veteran, name war	***************
3. (a) FULL NAME	3. (b) Social Security Num	ber
Tundall, Mr William Elin	al	
4. Sex / 5. Color or race / 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH December 30 19 48 at	420
Toudall man Issi Mas	21. LOERTLEY that death occurred on the date above stated; that Latended deceased for	rom
6.(b) Name of husband or wifeO	9/0V. 1947 100lec 30	19 4
7. Birth date of 2006 - 100 -	and that I last saw h samualive on Olec. 29	19. 4
deceased (mo., day, yr.) Much a 1 = 1880		DURATION
8. AGE: Years Months Days If less than one day	immediate cause of death	James
12 9 3		7//
08 / 3nin.		<i></i>
9. Birtholace Chun colegous luzinia	ou an was clerothe	
(Town, or by, ond state)	Kleent Wescase 3	you.
10. Usual occupation		
File Realt To	Oue to.	
f1. Industry or besides Communication of the commun		
12 Name Samuel E. Syntall	other conditions Julianous Completions	
12. Name & American Maryland		
	(Include pregnoney within 3 months of desth)	
# 14. Maiden name Luge Ann Pour	Maria C. Para of accordance	
14. Maiden name Lyckhun Cottague Va,	Major fiedings of operations.	
E 15. Birthplace	Date of op.	
16. Interment 4. / da Mac Jynkall	Aotopsy resolts	
212 P. t. + Salila med	PHYSICIAN: Please underline the caose to which death should be charged statist	tically.
Address J. Charles M. Leaders	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or amovel Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or imovel Which?) (month) (day) (day)		
Cemetery of cremator	Where did injury occur?	ate)
Solieture maryland	Injured at home, farm, Industry, public place (where?)	
7611 A. Mez 1921		
18. Juneral director / / / / / / / / / / / / / / / / / / /	Mease of Injury Injured at Fork	1

ADING INK. Supply every item of information care. Physicians: please write the causes of death clearly RESERVED FOR BINDING MARGIN PLAINLY, is especially

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WRITE

PLEASE



PLEASE WRITE

1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HISHAL RESIDENCE (HOME) OF DECEASED

CERTIFICATE OF DEATH

County. W. City or town	City or town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) It veleran, name war.
3. (a) FULL NAME Rodella J. Yacker	3. (b) Social Security Number
4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. Described 20 19.49 21.2:57 A.
6.(b) Name of husband or wife Levine Hacker 7. Birth date of deceased (mo., day, yr.) Marsh 31, 1912	21. I CERTIFY that death occurred on the date above ctated; that I attended deceased from 14. 10. Lie 70. 18.4.8. and that I fact saw h. 27. alive on
8. AGE: Yeare Months Days If less than one day	Immediate cause at death July Interest 3/2 M.
9. Birthplace Wiconices County, Waryfand (Town/county, and atate) 10. Usual occupation Housework 11. Industry or businese Home 12. Name Cevin Orown	Due to
13. Birthplace Viconico County, Maryfand 14. Maiden name Ella Ennie 15. Birthplace Viconico County, Maryfand 16. Informant Gardy Brown Address 1425 N. 57th Street Philadelphia Pa.	(Include pregnancy within 3 months of death) Major fiadings of aperatians
17 Derical (Burial, cremation, or removal, Which?) Cemetery or crematory In Damingo Country Location New Sharptown Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, euicide, or homicide
18 Funeral director J. J. Frampton and hand Address Federal slowing maryland. 18. 12-23. 1948 Walter G. Marsey	23. SIGNATURE ITS & whinan In S. M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

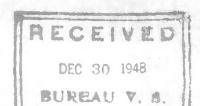
2411 N. Charles St., Battimore

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	- 4		

Reg. Dist. No. 332

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wicongulo	(For newborn infants give residence of mother)
City or town Substitution of town limits, write RURAL and give nearest town)	State Mary Land County Dallemons
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
tespitat, institution, or street address where death occurred;	Street No. 2135 Me Cullon St.
Jennaulle General Noopulal	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Wallace William Stanley	· Yea-
6. (a) Single, married, widowed, or divorted	MEDICAL CERTIFICATION
male & married	2D. DATE OF DEATH. Dec. 25 1948 21 3 2. M
6.(b) Name of husband or wife Dames Walland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0	Medical Spanner Cortificat.
7. Birth date of	and that I last saw h. alive on
deceased (mo., day, yr.) 2 - 18 -11	
8. AGE: Years Months Days If less than one day	Immediate succes of death Shall success.
37 10 7hrsmin.	
9. Birthplace Tall Island Somerat Co Maryland (Town, county, and state)	Due to Outomobile account
1D. Usual occupation. Chariffeers	Due to.
11. Industry or business Same	
12. Name John M. Wallaca	Dither conditions.
13. Birthplace Deal Island Somerest Co. Md.	(Include pregnancy within 3 months of death)
S 14 Maides arms Delilah - Wallace	(Include pregnancy within 3 months of death)
14. Malden name Polks Rd. Someset Co. Md.	Major fiedings of operatioes
21 15. Birthiplace	Date of op.
16. Informant Mrs. agnes Wallace	Autopsy resetts
Address 2135 M2 Culloh St. Bettimores Md	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident suicide or homicide Occident Date of 744, 48
Complete of assertance Basil Island	Where did lainer accurace Process Come Concernat red
Cemetery of Cremetory.	(City or town) (County) (State)
Location Deal Island Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director James 7. Slewarts	medical injurys and an injury of the second
Address 402 6. Church St. Salisbury Md.	23. SIGNATURE Colonely The skey wase
Dec. 28 1948 Louise Strong Taylo	heapterly recolved Of mountain D. or other
(Date rec.q Dy registrar)	Address.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	2	-	-	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County WICOMICO	(For newborn infants give residence of mother)		
City or town	State I NHK YCHAN County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. MAIN STREET		
MAIN STREET	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
OLLIE WRIGH	12-23-36		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	2D. DATE OF DEATH DEC 19 148 , 21 8 P		
6.(6) Name of husband or wife NORAE WRIGHT	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	NIC/9 1848 10 Dec 19 1848		
7. Birth date of FFR 37 & SEL	and that I last saw h . Am alive on Dec 19/48 19		
deceased (mo., day, yr.)	Immediate couse of death DURATION		
8. AGE: Years Months Days It less than one day	Garanery acclusion /2 hrs.		
64 9 13min.			
9. Birthplace	Due to		
(Town, county, and state)			
1D. Usual occupation. LABORER	Due to		
11. Industry or business MARVEL PACKING CO.			
E 12. Name HENRY WRIGHAT	Dther conditions		
13. Birthplace UNKNOWN	(Include pregnancy within 3 months of death)		
# 14. Malden name CELLA WILLIAMSON			
14. Malden name CELLA WILLIAMSON 15. Birthplace UNKNOWN	Major fieddings of operations		
	<u>u</u>		
16. Informant MRS. FL NORA WRIGHT	Actopsy resolts		
Address SHARPTOWN MARYLAND	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. BURIAL Date thereot DEC 22 1948 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did Injury occur? (City or town) (County) (State)		
demoter) of demoter)			
Location VIENNA MARYCANO	Injured at home, farm, industry, public place (where?)		
18. Funeral director MEDFORD L. WATSON JR	Means of Injury Injured at work?		
Address SEAFORD DELAWARE	3 Sahlmon		
12-21 UN Wellis & Mauri	23. SIGNATURE M. D		
19. /2 - 2/ 19 / MOLMA T MILLIAM Registrar) Registrar	Address Sharphorn Min Date signed 72% 8		

